PART B - FEE(S) TRANSMITTAL

and this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents

MADEMIN			or <u>F</u>	`ax	P.O. Box 1450 Alexandria, Virg (703) 746-4000				
instructions: This for appropriate. All further cornindicated unless corrected by maintenance fee notification.	m should be used for trans respondence including the F clow or directed otherwise s.	mitting the ISSUi atent, advance ord in Block 1, by (a)	E FEE and Plers and notif bers and notif specifying a						
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 35219 7590 03/22/2005					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
20511 LAKE FORI LAKE FOREST, C	Λ 92630	ŒS, INC.			Car	elflants of Mo	ling or Tron		
05/16/2005 CNGUYEN1 00			Renee M. Fr			(Depositor's name)			
1 FC:1501 1400.00 DA 2 FC:8001 6.00 DA					May 13, 2005			(Signature) (Dute)	
APPLICATION NO.	FILING DATE		first namei	IRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.	
10/632,880	07/31/2003		Hemant Melkote			K35A1242		3034	
TITLE OF INVENTION: TI	MING COMPENSATION	N A SELF-SERV	OWRITING	SYSTE	м				
APPLN. TYPE	SMALL ENTITY	issue fi	EE	PUBLICATION FEE		TOTAL FE	E(S) DUE	DATE DUE	
nonprovisional	ИО	\$1400		\$0	\$1400		06/22/2005		
EXAM	EXAMINER ART L		NIT CLASS-SUBCLASS						
TZENG	TZENG, FRED		2651 360-077060						
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
	RESIDENCE DATA TO Be an assigned is identified be 37 CFR 3.11. Completion					nee is identifie	d below, the	document has been filed for	
(A) NAME OF ASSIGN	FE	(E) RESIDENC	E: (CII	Y and STATE OR CO	UNTRY)			
	ital Technolog				Forest, CA				
					Individual DC	orporation of c	ther private g	roup entity Government	
4a. The following fee(s) are issue Fee	cnclosed:	40	. Payment of		nount of the fee(s) is er	oclosed.			
'	mall entity discount permitt	ed)	_		it card, Form PTO-203				
Advance Order - # of							nired fee(s), o close an extra	r credit any overpayment, to copy of this form).	
5. Change in Entity Status	(from status indicated above	;)							
	MALL ENTITY status. See				o longer claiming SMA				
NOTE: The Issue Fee and P interest as shown by the reco	ublication Fee (if required) ords of the United States Bat	will not be accepted ont and Trudemark	d from anyons Office.	c other t	han the applicant; a reg	istered attorne	y or agent; or	cation identified above. the assignce or other party in	

Authorized Signature

Milad G. Shara, Typed or printed name

Registration No.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTOL-85 (Rev. 12/04) Approved for use through 04/30/2007.

OMB 0651-0033

U.S. Patent and Trudemark Office; U.S. DEPARTMENT OF COMMERCE

Western Digital Corporation 20511 Lake Forest Drive, E118-G Lake Forest, California 92630

> Tel: 949.672.7000 Fax: 949.672.6504

	COMMISSIONER FOR PATENTS, U.S. PATENT & TRADEMARK OFFICE NO: (703) 746-4000 (ISSUE FEE)						
CERTIFICATE OF FACSIMILE TRANSMISSION	APPLICATION NO.	10/632,880					
I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office on the date indicated below.	FILING DATE	07/31/2003					
Renee M. Franks	FIRST NAMED INVENTOR	Hemant MELKOTE					
Typed/Printed Name	ART UNIT	2651					
Dener m. Juant- Signature	CONFIRMATION NO.	3034					
May 13, 2005	EXAMINER	Fred Tzeng					
Date	ATTORNEY DOCKET NO.	K35A1242					
TITLE TIMING COMPENSATION IN A SELF-SERVOWRITING SYSTEM							

ATTACHED WITH THIS SUBMISSION:

1. Form PTOL-85 (1 page)

PLEASE CONFIRM RECEIPT OF THIS TRANSMISSION. IF THERE IS ANY PROBLEM WITH THIS TRANSMISSION, PLEASE CALL RENEE M. FRANKS AT (949) 672-7871.

CONFIDENTIALITY NOTE

THE INFORMATION CONTAINED IN THIS FACSIMILE TRANSMISSION MAY BE LEGALLY PRIVILEGED AND IS CONFIDENTIAL INFORMATION INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE. IT IS EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW, INCLUDING COURT ORDERS, IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT OR THE EMPLOYEE OR AGENT RESPONSIBLE FOR DELIVERING THIS FACSIMILE TRANSMISSION TO THE INTENDED RECIPIENT. YOU ARE HEREBY NOTIFIED THAT ANY USE, DISSEMINATION, DISTRIBUTION OR COPY OF THIS FACSIMILE TRANSMISSION OR ITS INFORMATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS FACSIMILE TRANSMISSION IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEFAX OR TELEPHONE USING THE ABOVE NUMBERS AND AIRMAIL THIS FACSIMILE TRANSMISSION BACK TO US IMMEDIATELY. THANK YOU.

Y-\K35A\A1200-A1299\A1242\A1242_Poxcover USPTO - ISSUE FEE_01.due